

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MA		04/09/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	521
FORMALITY REVIEW	KL	1019	05-15-01
RESPONSE FORMALITY REVIEW	lt	901	B-1401

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/4/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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3/02  
 3/15/03  
 9/15/03  
 5/17/04  
 3/15/03  
 8-4201